

## **Steering Committee Meeting**

*November 7, 2005*

*Facilitator:* Richard Mettler

*Honored Guest:* Dr. Bob Friedman

### *Members Present*

Debra Schorr	Jerry Easterday	Elizabeth Dugger
Brenda Fletcher	Peggy Vaughn	Chris Petersen
Pat Lopez	Gary Henrie	Chris Kratochvil
Nancy Montanez	Mary Lee Fitzsimmons	Beth Baxter
Richard Nelson	Michele Marsh	Nyla Helge
Marilyn Mecham	Kathryn Anderson	Mark DeKraai

### A. Reviewing the Role of the Steering Committee

The committee is comprised of members of Nebraska legislature and government, as well as members from regional and family organizations. The purpose of the committee is to steer the focuses of the grant and we move forward. In order to do this, we must first take recommendations from the sub-committees. After that we have to identify the needs and expand our efforts. An important goal is to identify the principles and values that we would like to adopt. These values and principles will be a reflection of this committee. We must have a plan that we can implement so we can set the direction using a direct connection to the decision makers.

### B. Welcome and Introductions

### C. Speech by Dr. Bob Friedman:

To look at the role of a statewide steering committee, we must look at some important tasks. We must look at leverage points and identify opportunities for change. It is wonderful to have a group that comes from all of the state and across different levels. The only problem is that needs and services may be unique and individualized across the state. In order to accommodate all the needs, the steering committee must be able to provide a general policy direction. The committee must identify the framework and make partnerships with youth and families. A big part of this is to have a general direction including values and goals in writing. This writing must be easy to understand and adopted by all members. It is a living document that you can refer back to on a regular basis to see if you are living up to expectations. It also can let you know how well you are doing.

It is also important to have an integrated vision. This vision cannot be limited in focus. For example, in California I recently helped out a program whose targets were kids in out of home placements or had the potential to be in out of home placement. That is too specific for this committee. If you are that focused, you haven't looked at all populations.

So you have to look at how to focus on certain subpopulations and be effective without creating more fragmentation. You cannot afford to have competitive programs. How can we best integrate all groups? Must look at how can we chew off a piece without making problems. There is no research available that has figured out the best way of bounding a population. Need to be clear about what we are doing in order to expand the population.

If we focus on early childhood won't that benefit later? (Chris P)

Bob-Then it becomes an issue of continuity. If you don't keep up with the services, then the money will be lost. Investment in children is sound but must continue. For example, early childhood is dominated by some models with some research of effectiveness. I have found 6-8 early intervention early models that involve going into the home. The purpose of these models is to work with family to strengthen it. Most of these involve the same thing (brokering services, family training, etc.). Do we need so many programs? What is it that we should do? Programs don't operate as a system, discrete with their own eligibility in criteria. There is an overlap in population and treatment. Are we better off adding programs, blending, etc.?

Beth Baxter-What would be helpful is to identify our guiding principle for systems of care work. Then as we look at specifics and that will help us stay the course. We can find "what ifs" about lots of things, if we have principles and values that we are here to support then everything we do is reflected by our tasks. We need a foundation.

Dick-The vision statement is a reflection of reality. We have a fragmented system with scarce resources. We need to integrate our system. We must make efficient use of resources. We have to identify several key agencies and identify areas of need.

Bob-It is helpful to have values and principles spelled out. Translate them into vision and goals. People need to get their hands around a concrete goal. It may require constructing an alternative system, enhancing services, adding a broader range of services, or changing fiscal incentives. It begins with guiding principles for this committee.

Goals can emerge as you go along. Those goals don't speak of a population. Goals are good for applied population. Other sub-committees can help to apply it. The steering committee needs to drive these goals to the populations.

Cultural competence is an important value and belief and it will provide effective interventions. If the goal is to improve outcomes, must ask ourselves if evidence based practices are the best way to accomplish this goal. We have the grant, so we have some

flexibility. Are evidence based practices the best for us, it is a hot buzz word to help getting funding but now what do you do?

Pat-The academic sub-committee is looking at the terminology and information to guide us related to evidence based practice.

Bob-I'd rather see a charge to be framed that looks at the alternative strategies for helping kids. We must evaluate our efforts by providing us with data on the strengths and weaknesses of strategies. We do not want to do a disservice in how do we go about improving outcomes. We could have good services but not be implementing them well. There are some creative strategies, do we have the money and can we respond? Is our money too categorical? Need to be suggesting a broader focus and a number of strategies for the academic community to look at.

We must look at integration we could have 8 different programs that are all doing the same thing. Could have enough services because services are compartmentalized so there could be duplications, so could this grant streamline the services.

Bob-How do we improve access to care and make one phone call and make one call and know where to go, if that is what you want as a goal? How do we improve access to care? This could be different for different children and we may need to frame goals differently.

Gary-How do you know when you have a good outcome?

Bob-Group needs to focus on outcomes at different levels. Possible system level outcomes could be the number of people or money, individual or family outcomes, school performance, clinical symptoms that they have, etc. Group needs to focus on what level they want or is it a combination.

Richard: components needed for the vision (Put on the board)

Core beliefs and values-Guiding principles

Goals

Population-be clear about who to serve

Outcome measurement system-If you focus on outcomes, changes the behavior and you pay more attention to that.

Access to care

Outcomes of care-If people don't have confidence in the care, they don't access it

Beth-As far as guiding principles, do we identify principles that we can all put our arms around and then build strategies to incorporate goals? I don't want to go down the road and not see something that should have been addressed later. We could help one area and hurt another.

Pat-Is everyone in agreement that we need to have our guiding principles and values? Best thing is to work as a group together today.

Richard-How many do you think we should have? Do we want a laundry list? Look at specifics.

Bob-Think it should be a ½ dozen or so. How would you like yourself and your child to be represented in Nebraska? Is this a set of values and principles that each region should adopt. Do we pass it down? Is it just for SIG?

Marilyn-If we do the core beliefs and values shouldn't each group be integrated.

CORE BELIEFS AND VALUES-On the board

Evidence based practices

Integration

Family centered

Culturally competent

Guiding Principles (Core Beliefs & Values)-On board

1. Fairness
2. Child centered and family driven/youth guided
3. Culturally competent
4. Community Based
5. Accountable (Outcome based, data driven)-Gathering information on how we are doing, measurement outcomes
6. Individualized
7. Strength based
8. Flexible Funding
9. Comprehensive and integrated

The group briefly discussed the 9 items listed above and small changes and word changes were done to many of the principles.

After a small discussion regarding the list above, Richard Mettler identified 4 beliefs/values that were unanimous among the group and therefore could be adopted. As for the other 5 beliefs/values, Richard suggested thinking about them and addressing the topic again at the next meeting.

1. Fairness
2. Culturally competent
3. Community based
4. Strength based

Guiding principles (list started on the board):

Values

Child centered  
Community based  
Culture

Guiding principles (from Dr. Friedman's book pages 18-24)

Comprehensive services  
Individualized services  
Services least restrictive  
Families should be participants in all  
Services that are integrated  
Case management to ensure multiple services are coordinated  
Early identification and intervention  
Ensured smooth transition  
Rights protected and promoted  
Without regard to race, sex,

Goal: Effective systems of care for a specific population  
Going beyond our statement and trying to get past our values

The group decided to look at these principles before adopting them at a future meeting.

Bob- More focus on the youth is a starting point. The strategies need to be contemporary and fit all of Nebraska, not exclusive. Maybe along the way you initiate a steering committee for each region.

Maybe you look at a multiple level of structure to implement the system of care such as:

State steering committee  
Regional steering committee  
Local steering committee

Part of this structure could already exist, work with them part of the vision. It may mean identifying leaders in each region and find out how they can help. We want to work with them to develop and support regional structure. If you want to implement something well, need an organization that is a resource (person, team, resource) to get the needs met. May have to bring in the nation's best experts and have meeting to bring level of expertise to everyone.

Elizabeth-Need to hold meeting at times and places that are convenient for the families.

Bob-What would help in the development to help you in your region to help provide services in your region?

Response: Money and flexibility, the state could give flexibility in funding and hold us accountable.

Bob-Money can change the dynamics of the people you are with, it changes the accountability. Successful communities came from bottom up effort instead of top-down. They did it with no new money. Until we have our act together and know what we want. New money will take us off track. Then we are accountable. We have our sights set and when we mature and make progress then we can take new money. May be a little excessive but maybe we would be strengthened if we give money to each region to support this effort. May require regional meetings and meetings require pay for travel, someone to facilitate, snacks, etc. We may want to look at training at a community level to build a work force. Currently we are asking the academic group to do important research tasks but you may want them to focus on training and dissemination of information.

Bob-Maybe this group needs to be a vehicle for an exchange of ideas and things going on in each region. The group needs to find innovative ideas and/or common problems. Maybe we use backward mapping and find that the power to make change is power not in Lincoln, but it is in the cities and towns around the state. Learn from the communities about what is needed and how it can be. Give communities a chance to speak their mind. If that is the goal, then something is missing and that is how this grant is going to work at the regional levels.

Bob-If this is a goal to provide effective systems of care...

What 3 actions would the steering committee (referring to this SIG committee at the state level) do to promote our goal?

1. State established standards of care that were disseminated
2. Gather effective systems/programs from the whole state to see what programs are currently out there. At the community level, what has been successful, which programs do they have?
3. State level-Eliminate categorical thinking. We have categorical funding, promote at the regional and community levels. If you are going to get child welfare services, you have this criteria. If you are going to be in early childhood, you need this. At the child and family level-we can be flexible for funding and services. So we have a way to manage it that doesn't get in the way. How do we empower at the practice level, when they are face-to-face that those categories don't get in the way of resources.
4. Develop a regional oversight committee that can recruit families and youth that can gather information and also disperse information. Involve both families and youth. Each community identifies some youngsters to see what is going on with the children. In-depth open ended overview.
5. Need strong family organizations at state level and regional levels. Support and strengthen the family organizations. A lot of times these organizations operate on shoe-string budget.
6. Marketing-Getting a message out, media blitz, regular dissemination of information to include and understand these issues. What could marketers do to

help us fine tune our message? It would not make sense for each region to market services themselves, but it could be done through an effort with this grant.

Bob-In order for system change, it may require multiple things such as:

1. Sometimes require horror stories. Don't want to do this but sometimes tales of horror helps make change.
2. Development of new service that is better and no more expensive than current approach.
3. Family support

Change can happen when new models are developed that are less expensive, may produce better outcomes for the family. If it doesn't have the family behind it, it may not change.

Gary-Some players are not here at the table (education), harder to be successful.

Bob-What can we do to, convince education and business to know and feel like it is a win-win so that we get better representation? Publicize the meetings that show who was there and who wasn't at each meeting. Go and recruit others. Have planning retreats to go far enough away and have everyone there for the retreats. Need to build a mechanism to get people away from the office to get relationships cemented and planning done. 48 hours away can accomplish more than you would get in 6 months. Retreats provide intensive times, talks about family, personal interests, and it can build more trust than our meeting where it is not continuous. Need to connect with people on a more personal or authentic level. How do we do something about this?

**Next Meetings:**

**Thursday, December 8<sup>th</sup> 9-4 p.m.**

**Thursday, January 12<sup>th</sup> (no times scheduled yet-please hold)**